## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000075965 (2)

DDS MARKETING INC.

FILED
Apr 25 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address										
800 E. BROWARD BLVD. #710 FT. LAUDERDALE FL 33301			800 E. BROWARD BLVD. #710 FT. LAUDERDALE FL 33301-2085							
US			US	US			3. Date incorporated or Qualified 10/27/1993	3a. Date of 02/02/1		
2. 21	Principal Place of Busi	ness	2a. Mailing a	2a. Mailing Address 26			4. FEI Number 58-2079403		Applied For Not Applicable	
Suite. Apt. #, etc.			Suite, Aj	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required	
23	City & State		City & S	City & State		Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees		
24	Zip	Country 25	Zip 29				This corporation has liability for Intangible tax under s. 199.032,     Florida Statutes Yes No			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
DAVIS, SCOTT						Name				
757 SE 17TH CAUSEWAY SUITE 312 FT LAUDERDALE FL 33316					82	Street Addi	Street Address (P.O. Box Number is Not Acceptable)			
					83					
					84	City		FL 85	Zip Code	
11.	office or registered as	sions of Sections 607.0 gent, or both, in the Sta ith, and accept the ob	ate of Florida. Such	change was authoriz	ed by	the corporal	poration submits this statement for the patient's board of directors. I hereby acception's	ourpose of char of the appointment	nging its registered ent as registered	

SIGNATURE. Signature Typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE THLE DOYLE, JOSEPH 1.2 NAME NAME 1300 SAWGRASS VILLAGE CENTER DRIVE SUITE18 1.3 STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL CITY: ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE DAVIS, SCOTT NAME 2.2 NAME 800 E BROWARD BLVD SUITE 710 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CHY-ST-ZIP 2.4 City-ST-ZIP DELETE 3.1 TITLE Change Addition THLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition 6.1 TITLE THILE 6.2 NAME NAMI STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empswered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an aldress.

SIGNATURE & Scott # Davis

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4 16 47 (964) 525,4223

CR2E034 (9/96)